

(1) PLACE OF BIRTH

County of Anderson
 Township of Broussy Creek
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

17511

Registration District No. 302... Registered No. 58...
 (For use of Local Registrar)

(No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lillie Mae Handley... If child is not yet named, make supplemental report as directed

1-~~BOY OR~~
 GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 3 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Ray Eton Handley
 9) PRESENT POSTOFFICE OF FATHER Liberty S.C.
 10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)
 12) BIRTHPLACE Pickens Co. S.C.
 13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Essie Lockamy
 (15) PRESENT POSTOFFICE OF MOTHER Liberty, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Anderson, Co., S.C.
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 3
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive... at 5 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Pepper, M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Early, S.C., P.O. 5

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 8 1922 (28) J. R. Water Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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